

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2		/					52	/					
3		/					53		/				
4		/					54		/				
5		/					55		/				
6		/					56		/				
7		/					57		/				
8		/					58		/				
9		/					59	/					
10	/						60		/				
11		/					61		/				
12		/					62		/				
13		/					63	/					
14		/					64		/				
15		/					65		/				
16		/					66		/				
17		/					67		/				
18		/					68						
19		/					69						
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42		/					92						
43		/					93						
44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	9						TOTAL IND.						
TOTAL DEP.	58						TOTAL DEP.						
TOTAL CLAIMS	67						TOTAL CLAIMS						

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/755,657
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
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48		/				
49		/				
50		/				
TOTAL IND.	6					
TOTAL DEP.	44					
TOTAL CLAIMS	50					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/				
52	/					
53		/				
54		/				
55		/				
56		/				
57		/				
58		/				
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94						
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96						
97						
98						
99						
100						
TOTAL IND.	3					
TOTAL DEP.	14					
TOTAL CLAIMS	17					

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